

# POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

- ☒ Practitioners associated with the Customer Number **023409**  
**OR**  
☐ Practitioners named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

- ☒ The address associated with the Customer Number: **023409**  
**OR**

|  |       |     |     |
|--|-------|-----|-----|
| <input type="checkbox"/> Firm or Individual Name |       |     |     |
| Address  |       |     |     |
| City   | State | Zip |     |
| Country  |       |     |     |
| Telephone  |       |     | Fax |

Assignee Name and Address:

Vital Health Sciences Pty. Ltd.  
 Level 2  
 90 William Street  
 Melbourne VIC 3000  
 Australia

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

|   |                                     |      |              |
|---|-------------------------------------|------|--------------|
| SIGNATURE of Assignee of Record   |                                     |      |              |
| The individual whose signature and title is supplied below is authorized to act on behalf of the assignee |                                     |      |              |
| Signature   | <input checked="" type="checkbox"/> | Date | 11.06.2008   |
| Name  | SIMON WEST                          |      | Telephone    |
| Title   | DIRECTOR                            |      | +61390055915 |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. 10/524,090

Confirmation No. 2374

Filed: July 5, 2006

Title: CARRIER

I, Dorothy A. Hauser, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.

  
Signature

June 20, 2008  
Date of Signature

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**STATEMENT UNDER 37 CFR 3.73(b)**

Vital Health Sciences Pty. Ltd., an Australian company, states that it is the assignee of the entire right, title and interest in the above-identified application.

A chain of title of the patent application identified above, to the current assignee is as follows:

From: Simon Michael West, David Kannar To: Vital Health Sciences Pty. Ltd.  
The document was recorded in the United States Patent and Trademark Office at Reel 017861, Frame 0659.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Dated: 6/19/08

  
Gregory J. Hartwig

Reg. No. 46,761

Attorney for Vital Health Sciences Pty. Ltd.

Telephone: 414.271.6560

Attorney Docket No. 024944-9010-00

T:\CLIENTA\024944\9001\A2635464.DOC